

YOUTH JOB CORPS WITH THE CITY OF SAINT PAUL

MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an application for or participant in the Youth Job Corps with the City of Saint Paul, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

The City of Saint Paul, as a recipient of CDBG federal funds, operates programs in St. Paul to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, The City of Saint Paul is authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligible for participation and to help you find a suitable job. The information will be entered in to a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Economic Security, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only, and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give in order to qualify for job training services. Failure to complete these items will not adversely affect your eligibility, however, you are encouraged to complete all of the items in order to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment of the Youth Job Corps with the City of Saint Paul.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department Economic Security to help us evaluate the program.

After you leave the program, we will keep your file until the state and federal laws indicate it may be destroyed.

SAVE THIS PAGE FOR YOUR RECORDS

YOUTH JOB CORPS APPLICATION

PLEASE PRINT IN BLUE OR BLACK INK ONLY

Section #1: PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Street Address: _____ Apt #: _____

City: St. Paul County: Ramsey State: MN Zip: _____

Home Phone: (____) _____ - _____ Message Phone: (____) _____ - _____

Birthdate: ____/____/____ Current Age: _____ Current Grade: _____

Sex: () Male () Female Social Security #: _____ - _____ - _____

Section #2: EDUCATIONAL STATUS

Educational Status:

- () I am in the _____ grade at _____ school.
() I will be attending Summer School. Are you missing any credits? () yes () no How many? _____.
() I have received a High School Diploma and/or GED and plan to attend college or technical school.
() I have received a High School Diploma and/or GED and plan to look for a job.
() I did NOT complete High School and am NOT enrolled in school now. Last grade completed _____.
() I am currently attending College/Training. Name of college: _____. Year started _____.

Education	Name of School	Dates Attended	Last Grade Completed	Major
Junior High School				
Senior High School				
Post Secondary				

Section #3: EMPLOYMENT STATUS

Have you ever worked for the City of Saint Paul Youth Job Corps before? () yes () no

If yes, when and where? _____

Section #4: EMPLOYMENT HISTORY (list your last two employers, starting with the last one first)

Dates To-From	Name and Address of Employer	Hourly Wage	Job Title	Supervisors Name	Reason for Leaving

Section #5: CITIZENSHIP

Race/Ethnic Group: (check all that apply)

- ☐ White ☐ American Indian/Alaskan Native ☐ Other _____
☐ Black ☐ Pacific Islander/Hawaiian Native
☐ Asian ☐ Hispanic or Latino

Citizenship Status: (check one only)

- ☐ U.S. Citizen
☐ Registered Resident Alien I-94 # _____
☐ Non Citizen with work permit
☐ Refugee
☐ Other: Explain: _____

Selective Service Registration: (check one only)

- ☐ I am currently registered with Selective Service.
☐ I am required to register with Selective Service, but have not done so.
☐ I am not required to register with Selective Service.

If you are a male citizen, permanent resident alien, or refugee born on or after January 1, 1960, and are 18 years old or older, you are required to register with the Selective Service.

Section #6: FAMILY STATUS

Family Size: Include all relatives who are/or would be included on family tax return (including yourself):

I am living with:

- ☐ Both Parents ☐ Foster Care
☐ Mother ☐ Group Home
☐ Father ☐ Relative: _____
☐ Self ☐ Other: _____

MY FAMILY SIZE IS: _____

Section #7: AT-RISK WIA/MYP PROGRAM ELIGIBILITY

Please check YES or NO to ALL of the categories. Documentation will be required.

- | | |
|---|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no – I have a PHYSICAL DISABILITY | <input type="checkbox"/> yes <input type="checkbox"/> no – I am a TEEN PARENT OR PREGNANT TEEN |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I have a MENTAL DISABILITY | <input type="checkbox"/> yes <input type="checkbox"/> no – I am a FOSTER CHILD or live in a GROUP HOME |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I have a LEARNING DISABILITY | <input type="checkbox"/> yes <input type="checkbox"/> no – I am an OFFENDER or on PROBATION |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I have an EMOTIONAL DISABILITY | <input type="checkbox"/> yes <input type="checkbox"/> no – I am HOMELESS or a RUNAWAY YOUTH |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I have a BEHAVIORAL DISABILITY | <input type="checkbox"/> yes <input type="checkbox"/> no – I am a HIGH SCHOOL DROPOUT |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I am BEHIND 1 or MORE GRADES | <input type="checkbox"/> yes <input type="checkbox"/> no – I am behind in READING and/or MATH SKILLS |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I am in SPECIAL EDUCATION class | <input type="checkbox"/> yes <input type="checkbox"/> no – I receive PUBLIC ASSISTANCE |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I am CHEMICALLY DEPENDENT | <input type="checkbox"/> yes <input type="checkbox"/> no – I am a son/daughter of DRUG/ALCOHOL ABUSERS |
| <input type="checkbox"/> yes <input type="checkbox"/> no – I am a POTENTIAL DROPOUT (must fit 2 of the following): | |
| _____ Poor school attendance | _____ 2 grade levels below performance level for my age |
| _____ 1 year behind in credits for graduation | _____ Teen parent or pregnant |
| _____ Dropped out and returned to school | _____ Enrolled in a public alternative school |
| _____ Assessed as chemically dependent | _____ Meets WIA eligibility criteria (low income) |

Section #8: FAMILY INCOME

Family Income:

Please indicate the **TOTAL HOUSEHOLD MONTHLY INCOME and SOURCES** (for all family members). This section must be completed by Parent/Legal Guardian unless youth can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security, pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Financial Assistance:</u>	GROSS MONTHLY AMOUNT	<u>Other Income:</u>	GROSS MONTHLY AMOUNT
MFIP/TANF Grant	_____	Employment Income:	_____
General Assistance (GA)	_____	Pension	_____
Food Stamps	_____	Veterans Disability	_____
Child Support	_____	Social Security RSDI	_____
SSI Supplemental Security Income	_____		
Refugee Assistance	_____		
Unemployment Insurance	_____		

CERTIFICATION STATEMENT

- I hereby certify that I am a resident in the City of St. Paul and I am between the ages of 14 and 21, (or will be at least 14 during the summer program).
- I hereby give permission for this applicant to participate in the Youth Job Corps conducted by the City of Saint Paul. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine eligibility for the Youth Job Corps with the City of Saint Paul.
- I also understand that the City of Saint Paul has contracted with the Saint Paul Public Schools Community Education Department to process job applications for the Youth Job Corps and verify information to determine eligibility for employment. I further understand that the income information will be kept confidential and is subject to audit by program officials.
- I also understand that I am subject to immediate termination from the Youth Job Corps if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.
- I understand that **COMPLETING THIS APPLICATION DOES NOT GUARANTEE** that I will be enrolled in the Youth Job Corps with the City of Saint Paul.
- I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.
- I have read, understood and signed the “**Authorization to Release/Request and Receive Information**” and “**Consent for Media Release Notification**” Form attached.

Signature of Youth Applicant/Participant

Date

I give my consent for my daughter/son/ward to participate in the Youth Job Corps with the City of Saint Paul.

Signature of Parent/Legal Guardian

Date

Authorization to Release/Request and Receive Information

I, _____ authorize the **City of Saint Paul and Saint Paul Public Schools** to X **Request** information and X **Receive** information from/to:

Saint Paul Public Schools (SPPS), City, County and State Agencies/Other: _____

Regarding the items checked below:

<u> X </u> Case Notes	<u> X </u> Test Scores/Results	<u> X </u> Attendance Verification
<u> X </u> Interest Testing	<u> X </u> Employment Information	<u> X </u> Written Information
<u> X </u> Progress Reports/Grades	<u> X </u> Skills Assessment	<u> X </u> Other: _____

PLEASE READ AND SIGN BELOW

This information is to be used for vocational planning. I understand that my records are protected under the Federal Confidentiality Regulations (42 CFR Part 2) and the Minnesota Data Practices Act and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by written notice. I understand that my revocation may not be made retroactive and will not apply where action has been taken in reliance upon it (e.g. probation, parole). I do understand that this information may also be released for research and statistical purposes only in such a manner that my name will not be used in any report or publication without further authorization. This consent automatically expires one year after the date I have signed it.

Signature of Youth Applicant/Participant

Date

Signature of Parent/Legal Guardian

Date

Signature of Youth Job Counselor

Date

CONSENT FOR MEDIA NOTIFICATION

I, _____, hereby authorize the City of Saint Paul to release written information and/or photograph(s) to the media as an extension of the department's public recognition of my achievements, contributions and participation.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of the State of Minnesota arising from this release.

Signature of Youth Participant

Date

Signature of Parent/Legal Guardian

Date

Where would you like to work?

Please indicate your work location preferences on the line in front of each site. Please indicate up to seven preferences. Write a "1" for your first choice, a "2" for your second choice, and so on. Do not use the same number twice. **This does not guarantee where your work site location will be, but it gives us an idea of what your interests are.**

_____ Library

_____ Public Works Department: cleaning crew for parks, parking lots, streets, bus stops and neighborhoods.

_____ Parks and Recreation: Recreation Sites: cleaning recreation centers and assist in programming.

_____ Parks and Recreation: assist in the maintenance of parks.

_____ Gardening and Blooming in St. Paul Program.

_____ Mural Program

_____ Environmental Services: assist with projects at sites such as Como and Phalen lakeshores.

_____ Other (Please indicate where or with what supervisor): _____

How were you referred to the Youth Job Corps?

Please check one:

- | | |
|----------------------------|---------------------------|
| _____ Recreation Center | _____ Boys and Girls Club |
| _____ School | _____ YouthLead |
| _____ Place of Worship | _____ Building Lives |
| _____ Friend/Family Member | |
| _____ Other | |

Please explain: _____

PLEASE SEE OTHER SIDE

APPLICATION CHECKLIST

Incomplete applications **WILL NOT BE** processed

Please provide the following required information with the application

PLEASE NOTE YOU MUST LIVE IN THE CITY OF ST. PAUL

- _____ 1. **COMPLETED Application.**
- _____ 2. **Youth and Parent/Legal Guardian Signature on APPLICATION.**
You must be at least 14 years old when you sign the application.
Your Parent(s)/Legal Guardian must also sign and date the application if you are under age 18.
- _____ 3. **READ and SIGN “Authorization to Release/Request and Receive Information Form.”**
Youth Applicant and Parent/Legal Guardian signature **REQUIRED.**
- _____ 4. **READ and SIGN “Consent for Media Notification.”**
Youth Applicant and Parent/Legal Guardian signature **REQUIRED.**
- _____ 5. **VERIFICATION OF AGE** for all participants is required by WIA/MYP Youth Employment Programs.
Please include one of the following with your application:
 - a copy of your **Birth Certificate**
 - a copy of your **Minnesota Driver’s License or Identification Card** (with current address)
 - a copy of an **Official School Record or Report Card** with name and date of birth (current)
 - a copy of your **Alien Registration Card or I-94 Card** (both sides) if applicable
- _____ 6. **Copy of your SOCIAL SECURITY CARD.**
If you do not have your Social Security Card, please contact the Social Security Office to request A copy of your Social Security Card. You can also download an application from the Social Security Administration website at www.ssa.gov
- _____ 7. **Copy of your Alien Registration Card or 1-94 Form (both sides).**
if you are **NOT** a U.S. Citizen.
- _____ 8. Read the Minnesota Data Practices Act handout and keep this form for your records.
- _____ 9. A **COMPLETED APPLICATION** with **ALL REQUIRED DOCUMENTATION** information may be returned or mailed to one of the Community Education Offices listed below:

<i>Arlington High School</i> 1495 Rice St. St. Paul, MN 55117	<i>Central High School</i> 275 N. Lexington Pkwy. St. Paul, MN 55104	<i>Como Senior High</i> 740 W. Rose Ave. St. Paul, MN 55117
<i>Harding High School</i> 1540 E. Sixth St. St. Paul, MN 55106	<i>Highland Park Senior High</i> 1015 S. Snelling Ave. St. Paul, MN 55116	<i>Humboldt Senior High</i> 30 E. Baker St. St. Paul, MN 55107
<i>Johnson High School</i> 1349 Arcade St. St. Paul, MN 55106	<i>Rondo Education Center</i> 560 Concordia Ave. St. Paul, MN 55103	

Applications can also be mailed or returned in person to:

Youth Job Corps, Community Education Office
1001 Johnson Parkway
St. Paul, MN 55106

For further information or additional applications, call 651-793-5455. You may also pick up an application from your school counselor or at a City of Saint Paul Recreation Center.